



## SUBMISSION of PROVIDER CREDENTIALS for INTERPRETIVE SERVICES

**USE a SEPARATE form for EACH program AND EACH provider number:**

☐ **Workers' Compensation**

☐ **Crime Victims**

**For Interpretive Services Providers**

This form is submitted in addition to the Provider Account Application and W9 form. If you are applying for a provider number for BOTH the Workers' Compensation and Crime Victims Programs, you must send a separate copy of ALL forms AND your credentials to EACH program as they have separate provider account systems.

Provider number

Provider name

Provider phone (s)

Cell

Group provider number

**For Workers' Compensation Return to:**

Provider Accounts  
Department of Labor and Industries  
PO Box 44261  
Olympia WA 98504-4261  
360-902-5140  
1-800-848-0811  
FAX 360-902-4484

**For Crime Victims Return to:**

Crime Victim's Provider Accounts  
Department of Labor and Industries  
PO Box 44520  
Olympia WA 98504-4520  
360-902-5377  
1-800-762-3716  
FAX 360-902-5333

**Mark all languages for which you provide interpreter services:**

☐ Spanish  
☐ French  
☐ Italian  
☐ German  
☐ American Sign  
Language

☐ Portuguese  
☐ Mandarin Chinese  
☐ Japanese  
☐ Korean  
☐ Cantonese Chinese

☐ Vietnamese  
☐ Cambodian  
☐ Russian  
☐ Tagalog  
☐ Laotian

List others \_\_\_\_\_

**Mark all Washington state counties where you regularly provide services:**

☐ Adams  
☐ Asotin  
☐ Benton  
☐ Chelan  
☐ Clallam  
☐ Clark  
☐ Columbia  
☐ Cowlitz  
☐ Douglas  
☐ Ferry

☐ Franklin  
☐ Garfield  
☐ Grant  
☐ Grays Harbor  
☐ Island  
☐ Jefferson  
☐ King  
☐ Kitsap  
☐ Kittitas  
☐ Klickitat

☐ Lewis  
☐ Lincoln  
☐ Mason  
☐ Okanogan  
☐ Pacific  
☐ Pend Oreille  
☐ Pierce  
☐ San Juan  
☐ Skagit  
☐ Skamania

☐ Snohomish  
☐ Spokane  
☐ Stevens  
☐ Thurston  
☐ Wahkiakum  
☐ Walla Walla  
☐ Whatcom  
☐ Whitman  
☐ Yakima

**Indicate out of state areas where you regularly provide services:**

☐ Oregon

☐ Idaho

☐ California

List others \_\_\_\_\_

# Instructions for Credential Submission Form

For Interpretive Services Providers, this form is submitted in addition to the Provider Account Application and W9 form. If you are applying for a provider number for BOTH the Workers' Compensation and Crime Victims Programs, you must send a separate copy of ALL forms AND your credentials to EACH program as they have separate provider account systems.

Please complete all information and mark the language(s) for which you hold credentials and the geographic area(s) where you regularly provide services.

## Credentials required for L&I interpretive services provider number.

**Certified Interpreter**-Interpreter who holds credentials in good standing from one or more of the following:

Agency or Organization	Credential
Washington State Department of Social and Health Services (DSHS)	Social or Medical Certificate Provisional Certificate
Washington State Administrative Office for the Courts (AOC)	Certificate
RID-NAD National Interpreter Certification (NIC)	Certified Advanced (Level 2) Certified Expert (Level 3)
Registry of Interpreters for the Deaf (RID)	Comprehensive Skills Certificate (CSC) Master Comprehensive Skills Certificate (MCSC) Certified Deaf Interpreter (CDI) Specialist Certificate: Legal (SC:L) Certificate of Interpretation & Certificate of Transliteration (CI/CT)
National Association for the Deaf (NAD)	Level 4 Level 5
Federal Court Interpreter Certification test (FCICE)	Certificate
US State Department Office of Language Services	Verification letter or Certificate

**Qualified Interpreter**-Interpreter who holds credentials in good standing from one or more of the following:

Agency or Organization	Credential
Translators and Interpreters Guild	Certificate
Washington State Department of Social and Health Services (DSHS)	Letter of authorization as qualified social and/or medical services interpreter including provisional authorization
Federal Court Interpreter Certification (FCICE)	Letter of designation or authorization

**Certified Translator**-Translator who holds credentials in good standing from one or more of the following:

Agency or Organization	Credential
Washington State Department of Social and Health Services (DSHS)	Translator Certificate
Translators and Interpreters Guild	Certificate
American Translators Association	Certificate

## Qualified Translator

Translator who has passed a written language fluency examination test in both English and in the other tested language(s.) The test must be administered by a state agency; a state or federal court system; other organization including language agencies; and/or an accredited academic institution of higher education. Translators must have a minimum of two years experience in document translation.

## Credentials from other organization or states

Interpreters and translators located outside of Washington State must submit certification or qualification from their state Medicaid programs, state or national court systems or other nationally recognized programs. For interpreters from any geographic area, credentials submitted from agencies or organizations other than those listed above, may be accepted if the testing criteria can be verified as meeting the minimum standards listed below:

Interpreter test(s) consists of, <i>at minimum</i> :	Translator test consists of, <i>at minimum</i> :
A written test in English; <b>and</b>	A written test in English and in the other language(s) tested; or
A verbal test of sight translation in both English and other tested language(s); <b>and</b>	A written test and work samples demonstrating the ability to accurately translate from one specific source language to another specific target language.
A verbal test of consecutive interpretation in both languages; <b>and</b>	
For those providing services in a legal setting, a verbal test of simultaneous interpretation in both languages.	